

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 04/30/2004

Daniel E. Ovanezian
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Seventh Floor
12400 Wilshire Boulevard
Los Angeles, CA 90025-1026



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Juanita Briscoe	(Depositor's name)
Juanita Briscoe	(Signature)
5/19/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,548	11/12/2003	Bruce M. Harper	004085.P015D	9177

TITLE OF INVENTION: BALANCE RING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLIMOWICZ, WILLIAM JOSEPH	2652	360-099080

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KOMAG, INC.

SAN JOSE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee
 Advance Order - # of Copies 1

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Daniel E. Ovanezian* (Date) 5/19/04
DANIEL E. OVANEZIAN, REG. NO. 41,236

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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05/24/2004 MAHMED2 0000005 10712548

01 FC:1501
02 FC:8001

1330.00 OP
3.00 OP

TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

A circular stamp with the text "O I P E JC10" at the top and "In re" at the bottom. The date "MAY 21 2004" is in the center. The bottom arc contains "PATENT & TRADEMARK OFFICE" and the right side contains "U.S. PP".

Payment of Issue Fee (37 C.F.R. § 1.311)

Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Please find enclosed herewith the Issue Fee Transmittal form PTOL-85 for the above-referenced application. Also enclosed is our check in the amount of \$1,333 for payment of the issue fee (\$1,330.00), and an advanced order of 1 soft copy (\$3.00) of the patent.

Please charge any shortages or credit any overages to our Deposit Account No. 02-2666.

Respectfully submitted,
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 5/19/04

Daniel E. Ovanez
Reg. No. 41,236

12400 Wilshire Blvd.
Seventh Floor
Los Angeles, CA 90025-1026
(408) 720-8300

FIRST CLASS CERTIFICATE OF MAILING

(37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

on 5/19/04.

Date of Deposit

JUANITA BRISCOE

~~Name of Person Mailing Correspondence~~

THE
CITY

5/19/04



FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) **\$1,333.00**

Complete if Known:

Application No. 10/712,548

Filing Date 11/12/03

First Named Inventor Bruce M. Harper

Examiner Name Klimowicz, William Joseph

Art Unit 2652

Attorney Docket No. 004085.P015D

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____
SUBTOTAL (1)			<u>\$ _____</u>

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>- 20** = 0</u>	<u>X 18.00</u>	<u>= 0</u>
Independent Claims	<u>- 3** = 0</u>	<u>X 86.00</u>	<u>= 0</u>
Multiple Dependent			<u>= _____</u>

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
Fee	Fee	Fee
Code	(\$)	Code
1202	18	2202 9
1201	86	2201 43
1203	290	2203 145
1204	86	2204 43
1205	18	2205 9
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		<u>\$ 0</u>

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330
Other fee (specify) <u>1 Advance Order Copy of Patent Application</u>			<u>\$3.00</u>
Other fee (specify) _____			
SUBTOTAL (3) \$ 1,333.00			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Daniel E. OvanezianSignature: Daniel E. Ovanezian Date: 5/19/04Reg. Number: 41,236 Telephone Number: (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450